

EXHIBIT 20

RE-ACTIVATE

VISALUS™ INDEPENDENT PROMOTER (VIP) APPLICATION

Fax Form to 1.877.547.1570

Please choose an enrollment option.

PROMOTER SYSTEMS

<input type="checkbox"/> BASIC 49  PURCHASE YOUR CHALLENGE KIT FROM \$49-\$299	<input checked="" type="checkbox"/> EXECUTIVE 499  RISING STAR VISALUS™ BANNER CLUB	<input type="checkbox"/> STAR 1999  RISING STAR VISALUS™ BANNER CLUB
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STEP 2: Select Your Monthly Challenge Kit. Choose the items you would like shipped to you each month.

<input type="checkbox"/> Fit Kit \$299 <small>Save \$200</small>	<input type="checkbox"/> TRANSFORMATION KIT \$249 <small>Save \$100</small>	<input type="checkbox"/> CORE KIT \$199 <small>Save \$100</small>	<input type="checkbox"/> SHAPE KIT \$99 <small>Save \$100</small>	<input checked="" type="checkbox"/> BALANCE KIT \$49 <small>Save \$100</small>
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☒ 5- ☐ 12- ☐ 19-
 Exclusive enrollment AutoShip orders will be processed and shipped starting the next month on the selected date. Once enrollment AutoShip orders will be processed and shipped with your enrollment package. If selected date lands on a weekend or holiday, orders will be processed on the last business day prior.

30 CHILDREN'S SHAKE MEALS DONATION \$24
 QTY:

Check Meets for Your Month!

STEP 3: Additional Products

All additional product orders will be processed and shipped with your enrollment package.

QTY	ITEM NAME	ITEM PRICE	AUTO-SHIP	ONE-TIME	QTY	ITEM NAME	ITEM PRICE	AUTO-SHIP	ONE-TIME
	50 Taster Packs	\$750	<input type="checkbox"/>	<input type="checkbox"/>		Nutro-Cookie™ Pink & Flavor			
	25 Starter Packs	\$250	<input type="checkbox"/>	<input type="checkbox"/>		Cutmeal Rash	\$14/box	<input type="checkbox"/>	<input type="checkbox"/>
	Visalus GCP™ 2 oz. Shake	\$45/box	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Peated Sabor	\$14/box	<input type="checkbox"/>	<input type="checkbox"/>
	Visalus PRO™ Drink Mix	\$32/box	<input type="checkbox"/>	<input type="checkbox"/>		Chocolate Chip	\$14/box	<input type="checkbox"/>	<input type="checkbox"/>
	Vipac™	\$99	<input type="checkbox"/>	<input type="checkbox"/>					

See Product Price Sheet for Item Numbers and pricing information.

STEP 4: Vi-Net® Login & Additional Tools

Please select a unique username and password to access your Visalus Web Office. If neither Username choice is available, username will default to your email address.

Passwords must have 6-15 characters and contain at least one letter and one number.

(First Choice) (Last Choice)

You will automatically be subscribed to Vi-Net Pro plan. Visalus Success Club Subscription for \$29/mo. To change or cancel, call Visalus Customer Service at 1.877.VISALUS.

☐ Upgrade to Vi-Net Pro Suite for \$29/mo and get The Switch for \$49 (one-time charge)

STEP 5: Personal Information

IP# or SSN:

Emailer Last Name: First Name:

The Enroller is an existing IP who does not have an IP. The Enroller can place the new IP anywhere in the depth of business or personal. Once the enrollment process is complete the enroller will change sponsor information in the "Active Users" tab on the IP.

Last Name: First Name:

SSN or Tax ID: Birth Date:

Company Name:

If doing business as a legal entity, complete and attach the Company Enrollment Form. (If needed)

Shipping/Mailing Address:

Apt/Suite:

City: State: Zip:

Billing Address:

Apt/Suite:

City: State: Zip:

Communication Preferences:

Home Phone #: Mobile Phone #:

Mobile Phone Provider:

E-mail Address:

Receive Visalus News & Updates via: Check at least one

☒ Phone ☒ Email ☒ Mobile Text Message (SMS) ☐ None

Language Preference: ☒ English ☐ Spanish ☐ Both

Gender: ☐ Male ☒ Female

Billing Information:

Full Name on Credit Card:

Credit Card Number:

Expiration Date: Security Code:

Card Type: ☐ Visa ☒ MasterCard ☐ Discover ☐ American Express

Cardholder Signature:

I understand that Visalus will charge me a fee for the amount listed. I promise to pay such amount to and in agreement governing the use of such card. I understand that Visalus will apply taxes, shipping and handling charges to my order. It is my responsibility to ensure that my card is properly updated. I authorize Visalus to charge my card monthly. Cancellations must be submitted at least 5 days prior to the AutoShip date or bi-monthly billing date.

I understand that to become an Independent Promoter (IP) of Visalus I am only required to sign this Agreement. I further acknowledge that my advancement in the Visalus marketing plan is based solely upon the acquisition of customers. My purchase of sales aids or training materials, or attendance at training classes, is strictly optional and at my discretion. I also understand that if I choose to enroll or sponsor other individuals to participate in Visalus' marketing plan, I will only be compensated based upon the activities of other IPs to the extent of their sales results to customers.

By my signature below and initial on the IF Terms of Agreement on the reverse side, I acknowledge that I have carefully read this Agreement, and I am willing to accept the terms and conditions herein and on the reverse side. I understand that the terms and conditions of this Agreement are subject to change without notice.

Applicant Signature:

This application is not considered complete unless Visalus receives both the signed and dated Application (page 1) and the Initialed Terms of Agreement (page 2).

receipt of this Agreement. I have read and understand Visalus' Policies and Procedures and Compensation Plan, which are incorporated by the reference herein, and agree to abide by them as they may be amended at any time.

I UNDERSTAND THAT I MAY CANCEL THIS AGREEMENT WITHOUT PENALTY OR OBLIGATION AT ANY TIME, FOR ANY REASON. I UNDERSTAND THAT MY NOTICE OF CANCELLATION MUST BE SUBMITTED IN WRITING TO THE COMPANY AT ITS PRINCIPAL BUSINESS ADDRESS. PLEASE SEE OTHER SIDE FOR TERMS.

Date: 1/28/2013